PCL-PR						
Patient Name:			Date:			
Ra	ter:(please circle one: significant other,	spouse	e, friend	l, paren	t)	
The most upsetting event experienced was on						
(EVENT) (DA					(DATE	Ξ)
soi Ple to t	low is a list of problems and complaints that youth metimes have in response to stressful life experiences. ease read each one carefully, then circle one of the numbers the right to indicate how much your child has been bothered that problem in the past month.	Never	Rarely	Sometimes	Often	Very Often
1	Repeated disturbing <i>memories</i> , <i>thoughts</i> , or <i>images</i> of a stressful experience from the past?	0	1	2	3	4
2	Repeated, disturbing dreams of a stressful experience?	0	1	2	3	4
3	Suddenly acting or feeling as if a stressful experience were happening again (as if he/she was reliving it)?	0	1	2	3	4
4	Feeling <i>very upset</i> when <i>something reminded him/her</i> of a stressful experience?	0	1	2	3	4
5	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded him/her</i> of a stressful experience?	0	1	2	3	4
6	Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	0	1	2	3	4
7	Avoiding activities or situations because they reminded him/her of a stressful experience?	0	1	2	3	4
8	Trouble <i>remembering important parts</i> of a stressful experience?	0	1	2	3	4
9	Loss of interest in activities that he/she used to enjoy?	0	1	2	3	4
10	Feeling distant or cut off from other people?	0	1	2	3	4
11	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to him/her?	0	1	2	3	4
12	Feeling as if his/her future will somehow be cut short?	0	1	2	3	4
13	Trouble falling or staying asleep?	0	1	2	3	4
14	Feeling irritable or having angry outbursts?	0	1	2	3	4
15	Having difficulty concentrating?	0	1	2	3	4
16	Being "super alert" or watchful or on guard?	0	1	2	3	4
17	Feeling jumpy or easily startled?	0	1	2	3	4